

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004032 (6)

1. Corporation Name

CONSOLIDATED DEVELOPMENT CORPORATION

FILED

97 APR 28 AM 11:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

19 WEST FLAGLER STREET, STE 414
MIAMI FL 33130

Mailing Address

19 WEST FLAGLER STREET, STE 414
MIAMI FL 33130-4404

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/07/1996

3a. Date of Last Report

4. FEI Number

59-1089768

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

METSCH, LAWRENCE R
19 WEST FLAGLER STREET, STE 416
BISCAYNE BLDG.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE
NAME CRICHTON, JACK
STREET ADDRESS 10830 N CENTRAL EXPWY, STE 175
CITY-ST-ZIP DALLAS TX

TITLE VSD ☒ DELETE
NAME MOORE, CLARENCE W
STREET ADDRESS 910 17TH STREET, N.W., STE 175
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
700002156347--6
-04/28/97--01041--040
****165.00 ****165.00

2.1 TITLE DPST ☒ Change ☒ Addition
2.2 NAME ALBERTO DIAZ MASVIDAL
2.3 STREET ADDRESS 19 West Flagler Street, Suite 416
2.4 CITY-ST-ZIP Miami, Florida 33130

3.1 TITLE DV/S and V/T ☐ Change ☒ Addition
3.2 NAME Lawrence R. Metsch
3.3 STREET ADDRESS 19 West Flagler Street, Suite 416
3.4 CITY-ST-ZIP Miami, Florida 33130

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

(305) 358-7773

Date

Daytime Phone #

CR2E034 (9/96)